



DANA HILLS HIGH SCHOOL



WWW. DANAHILLSATHLETICS.COM

2025-26 ONLINE ATHLETIC CLEARANCE CHECKLIST

- 1. Visit homecampus.com
- 2. Click on California
- 3. **Create an account or Login.** Provide a valid email address and password. They will send you an email confirmation link. *Note: It is important that you include a valid email address. Click on the email verification link. This is required prior to registration.*
- 4. **LOGIN** at homecampus.com using the username and password you created via the instructions above.
- 5. **SELECT** the "Start Clearance Here" button (upper right corner) to get started.
- 6. **SELECT** the school **DANA HILLS** and the school year **2025-26**. Select the sport, **Attn. Multiple Sport Athlete: Click "Add a Sport" button and add all sports that you intend on playing or trying out for.**
- 7. **Student and Parent Information**
 - a. **COMPLETE** all required fields.
 - b. **STUDENT ID:** required
 - c. **INSURANCE** – All athletes are required to have insurance. *(If you would like to obtain insurance, please contact the athletics office for a list of resources.)*
- 8. **Medical History**
COMPLETE all required fields.
****DOWNLOAD THE PHYSICAL FORM AND TAKE TO YOUR DOCTOR.**
- 9. **Additional Questions**
- 10. **Signatures**
 - a. **Parent/Guardian Signature:** Sign all forms
 - b. **Student Signature:** Sign all forms
 - c. Click **Save and Continue**
- 11. **Files: 3 UPLOADS**
 - 1. **Physical Form (must upload to move onto Confirmation Section)**
 - 2. **Confirmation Page (Come back to upload after printing Confirmation page and signing it)**
 - 3. **Insurance Card (must upload to move on Confirmation Section)**
- 12. **Confirmation: (FINAL STEP)**
-Print out. You and your student sign.
-Click "Back to Clearances"
-Click "Files"
-Upload Confirmation page under Confirmation Message

UPLOAD ALL 3 ITEMS TO THE ATHLETICCLEARANCE.COM WEBSITE PRIOR TO PRACTICE OR TRYOUTS.

- 1. **PHYSICAL FORM** – Signed at top by the parent. Signed and stamped at the bottom by physician, physician asst. or nurse practitioner.
- 2. **CONFIRMATION FORM** – Signed by student and parent.
- 3. **COPY OF INSURANCE CARD**